The Daisy Center

Parent/Guardian Grievance Form

Purpose:
The Daisy Center is committed to providing trauma-informed, respectful, and professional care to all youth and families. Parents and guardians have the right to voice concerns, complaints, or grievances without fear of retaliation. This form allows concerns to be formally reviewed and responded to in a timely manner.

Parent/Guardian Information

Name: _____

Relationship to Youth: _____

Youth's Name: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact:
☐ Phone
☐ Email
☐ In-Person Meeting
☐ Written Response

Details of Concern

Date of Incident/Concern: _____

Staff Involved (if known):
_____

Type of Concern (check all that apply)

☐ Communication Concerns
☐ Staff Conduct
☐ Safety/Supervision
☐ Treatment Concerns
☐ Family Engagement
☐ Education Concerns
☐ Medication/Medical Concerns
☐ Visitation/Phone Call Concerns
☐ Discharge/Placement Concerns
☐ Confidentiality/HIPAA Concerns
☐ Other: _____

Description of Concern

Please describe your concern in detail, including what occurred, who was involved, and any relevant dates or information.

Prior Attempts to Resolve

Have you previously discussed this concern with staff or administration?

☐ Yes
☐ No

If yes, who did you speak with and what was the outcome?

Requested Resolution

What would you like to see happen to resolve this concern?

Signature

I understand that The Daisy Center will review this grievance and provide a response according to agency policy and applicable confidentiality laws. Submission of this form does not guarantee a specific outcome.

Parent/Guardian Signature: _____

Date: _____

Internal Use Only

Date Received: _____

Received By: _____

Method Received:
☐ In Person
☐ Email
☐ Phone
☐ Mail
☐ Other: _____

Assigned To: _____

Response Due Date: _____

Findings/Outcome

_____

_____

_____

_____

Resolution Date: _____

Resolved By: _____

Follow-Up Completed:
☐ Yes
☐ No

Parent/Guardian Notified:
☐ Yes
☐ No